

Sanctuary Care Limited

Wantage Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Wantage is a residential care home providing personal and nursing care in an adapted building across two floors. At the time of the inspection 19 people aged 65 and over were living at the service and only occupying the ground floor. The service can support up to 50 people.

People's experience of using this service and what we found

People living at Wantage received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs.

Medicines were managed safely, and people received their medicines as prescribed. The provider had made significant changes and ensured there were clear processes and procedures to manage all aspects of medicines safely.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The provider had made improvements to ensure people's care and support was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. Records showed people's needs were assessed before they came to live at Wantage. The provider was still in the process of improving the environment for people living with dementia in line with good practice guidance for helping people to be stimulated and orientated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied. People were supported to meet their nutritional needs and commented that food choices had improved.

The home was well-led by a registered manager who was committed to improving people's quality of life. We received positive feedback about the management of the home from people, relatives and staff. The provider and registered manager had made significant changes to the service. They had developed effective quality assurance processes which were used to improve people's care. The service had a clear management and staffing structure in place and staff worked well as a team. Staff worked well with external social and health care professionals.

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 June 2019) and there was a breach in Regulation 17. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 24 April 2019. A breach of legal requirements was found. The provider was asked to complete an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wantage Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Wantage Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Wantage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support

our inspections. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We looked at the service's last inspection report. We used all of this information to plan our inspection.

During the inspection

We spoke with three person who used the service as well as one relative. Most people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We looked at six people's care records and four medicine administration records (MAR). We spoke with 11 members of staff including the area operations manager, the registered manager, the deputy manager, nurses, carers, chef, activities coordinator and maintenance personnel.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received further feedback from two relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People told us there were not always enough staff to meet their needs. One person said, "At moment not enough staff, things could change, head office say enough staff on. They [Staff] go on all day, no time to talk to people."
- Relatives also commented on the need for more staff and told us, "My general impression is they probably don't have enough especially at weekends. I know that the two reception staff have recently left which must make things difficult for them at the moment."
- Staff felt they could do with more staff. They commented, "We need more staff, staffing levels could be better. We have more doubled handed residents. Staff hardly have time for breaks and to record care" and "We have 21 residents with high needs. It's hard to manage."
- On the first day of the inspection we saw staff worked continuously and were task orientated. We raised our concerns with the registered manager and the area operations manager. The provider took immediate action to improve staffing levels. Following review of people's current needs, they reviewed the staff shifts to allow more staff during busy periods. Staff rotas showed the registered manager had increased the number of staff on duty.
- On our second day of the inspection we saw staff had more time to spend with people and they were positive about the recent changes in staffing levels. People also acknowledged the recent improvements in staffing levels. The registered manager told us they would keep reviewing staffing levels depending on people's needs as well as feedback from both staff and service users.

Using medicines safely

At our last inspection we recommended the provider consider the current National Institute for Health and Care Excellence (NICE) Guidelines on managing medicines in care homes and act to update their practice. The provider had made improvements.

- The medicines management was based on current best practice. Where people received topical medicines, the topical Medicine Administration Records (TMAR) clearly showed when and where the medicine had been administered.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. Staff followed correct procedures to protect people with limited capacity to make decisions about their own care, treatment and support, when medicines needed to be given without their knowledge or consent.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of abuse and knew what to do to make sure that people who lacked a voice were protected. People were supported by staff that knew how to raise safeguarding concerns.
- Staff received regular safeguarding training and updates. They were able to tell us about different types of abuse and what steps they would take if they believed people were at risk of harm. One member of staff said, "I can report any concerns to line manager. I can also report to CQC and safeguarding team."
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe. The provider's electronic recording system effectively interlinked people's risks allowing personalised planning of care.
- People's risk assessments included areas such as nutrition, mobility and pressure area management. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Thorough checks were in place prior to visitors crossing the threshold into the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. Staff were observed to put on and take off PPE correctly and there were designated PPE stations for staff to use.
- We were assured that the provider was accessing testing for people using the service and staff. Regular testing was in place to maintain staff and people's safety.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Management plans, policies and procedures were in place, implemented in practice and observed to be followed by staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At our last inspection we found care interventions, such dietary assessments, were not always carried out consistently and in line with nationally recognised best practice. At this inspection we found people had pre-admission care intervention assessments in place. Where people required dietary support, assessments had been completed and input sought from healthcare professionals.
- People's care and support was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. Records showed people's needs were assessed before they came to live at Wantage nursing home.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.

Adapting service, design, decoration to meet people's needs

- At our last inspection we found the adaption and design of the service did not always meet people's needs. At this inspection we found the provider was still in the process of improving the environment for people living with dementia in line with good practice guidance for helping people to be stimulated and orientated.
- People's rooms had different coloured doors and there were pictorial signs supporting people to navigate themselves easily though the home.
- Rooms were furnished and adapted to meet their individual needs and preferences. There were memory boxes available for people to put things that were special to them and reminded them of special memories.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had a large garden and several sitting areas. The outside space had been assessed for risks and had quiet areas for people to see their visitors.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction, and did not work unsupervised until they and their line manager were confident they could do so. The induction included the provider's own mandatory training as well as shadowing an experienced member of staff.
- The registered manager was in the process of completing staff supervisions. Staff told us they felt supported by the new manager and that these meetings provided an opportunity for them to meet with their managers and agree objectives as well as discuss their performance.
- On member of staff commented, "We have had no supervisions or appraisals for a long time. Current manager working through those and is approachable and available."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with nutrition and hydration in a dignified way. The dining environment was pleasant, and food was well-presented.
- Mealtimes were set to suit people's individual needs, were not rushed and people were supported by staff who provided personal support. We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience and support wherever they chose to have their meal.
- People told us they enjoyed the food and said, "On the whole food is good" and "Food has improved and we have better choices."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care.
- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in line with the principles of the act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and care documents were signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "Always assume they have capacity. Support them with their decision even if we do not agree with them. If no capacity, make decisions in best interest."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider's quality assurance systems were not effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The was a registered manager who had been in post for just over five months. They were supported by a knowledgeable deputy manager and an area operations manager. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The provider's quality assurance systems had significantly improved. Following the previous inspection, the registered manager had worked through an improvement plan which had resulted in improved outcomes for people.
- The staff team assessed the quality and safety of the service through real time audits via an electronic record system. This provided effective oversight of what was happening in the service and meant concerns were responded to in a timely way. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records.
- The provider had also improved their system which monitored staffing levels which included monthly assessment of people needs and would also factor in feedback from people and staff as well any extra events in the home. This allowed constant review of staff and ensured safety.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- It was clear the management of the home had significantly improved and there was a general sense of calm and pleasantness in the home. Staff looked happy.
- We were met by a very welcoming registered manager and team. They told us they were genuinely looking forward to our visit and were keen to show us what the team had done to provide good care to people. They welcomed the inspection process and saw it as a vital way of holding the service to account.
- People told us the home was well-led and commented, "Manager has not been here that long but often comes round and visits" and "On the whole the home is quite well kept."
- Relatives were complimentary of the way the home was managed and recognised the improvements

since the registered manager came in post. They told us, "There is a new management team in Wantage, and the required improvements are starting to be evident such as better communication" and "There have been three managers at the home since my mum arrived there two years ago. The new manager is very nice and is much more in touch personally with the residents than previous managers and I get the impression the staff like her. She is currently setting up a relative's group online. She is very approachable and often stops for a chat when I visit."

- Staff were complimentary of the support they received from the management team. Staff said, "Current manager is the fourth one in three years. She is very supportive and always make sure we are ok. Really cares for staff and interacts with residents and relatives", "New manager is a lot friendlier and staff are more relaxed. Much better atmosphere" and "Management team is fabulous, great team-work and we all want to make good changes."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had opportunities to raise any comments via an open-door policy at any time. Relatives commented about the positive communication with the home. One relative said, "Communication with the home is generally very good." Another relative told us, "Yes, communication is good, and I receive regular phone calls from the duty nurse regarding my mother's well-being."
- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through surveys and meetings. One person said, "We have a separate meeting to relative's meetings. Feedback is encouraged regarding the running of the home." The information gathered was used to improve the service.
- Staff told us the atmosphere in the home had positively changed since the new manager came into post. They felt listened to, valued and able to contribute to the improvement of care. Records showed staff were constantly praised for their hard work and commitment. One member of staff commented, "Management team is really good. Staff morale is now really high." During the inspection we observed effective team working. The atmosphere was very pleasant.

Working in partnership with others

- The service was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people